

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15222

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 423-A

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>15 years</b>		c. CITY OR TOWN <b>Springfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Burge</b>				e. STREET ADDRESS <b>808 Calhoun, Springfield, Missouri</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruby</b> b. (Middle) <b>Fern</b> c. (Last) <b>Wade</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 12 55</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 17, 1913</b>	
9. AGE (in years last birthday) <b>42</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Christian County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Riley Maples</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Patrick</b>		14. NAME OF HUSBAND OR WIFE <b>Ivan Wade</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ivan Wade</b> ADDRESS <b>808 Calhoun Spfld., Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Stenosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>34 years</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatic Heart Disease with</b> DUE TO (c) <b>Arteriosclerosis and Mitral Insufficiency</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9-10, 1934</b> , to <b>5-12, 1955</b> , that I last saw the deceased alive on <b>4-12, 1955</b> and that death occurred at <b>9:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. E. [Signature]</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Springfield Mo.</b>		23c. DATE SIGNED <b>5/12/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/15/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ponce De Leon</b>		24d. LOCATION (City, town, or county) (State) <b>Ponce De Leon, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-18-55</b>		REGISTRAR'S SIGNATURE <b>Christ. Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry [Signature]</b> ADDRESS <b>Springfield Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.